LANSING FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE

316 N. Capitol Ave., Ste. C-1
Lansing, MI 48933
Phone: 517-483-4200
Fax: 517-377-0169

Chief Randy Talifarro   Fire Marshal Bradley Drury

Fire/Life Safety Protection
Construction Permit Application

Permit Applicant:_____ Phone:_____

Name of Installer:_____ Phone: _____

Business Address: _____

Email:_____

License #:_____ Expiration Date: _____
        (Attach a copy of the license)

- Must be submitted 30 business days prior to work start date.
- Must submit two (2) paper copies as well as one (1) CD copy of your plans. The file format does not matter. Write the job address, file name, and date on the CD.
- List the contractor that is applying for the permit to install or alter fire protection equipment below as well as the location:
- Inspections and Tests Billed at $75.00/Hr

Project Address: _____ Suite: _____

Business:_____ Phone: _____

Project Manager's Name & Phone #:_____

Anticipated Start Date: _____

Square Footage: _____   Building Construction Classification:_____

*NOTE: PERMIT MUST BE POSTED ON JOB SITE
(IFC 2009 section 105.1.1. Fire Protection System Shop Drawings 105.4.2.1)
Routine inspections during the construction phase will be conducted. Once the Fire and/or Alarm system is ready for the final inspection and/or testing, call (517) 483-4200. A 72 hour advance notice is required.

Fees:

Type	# of Units	Cost	Total
Suppression/ Stand Pipe Plan Review	1	$125.00	$ 125.00
Fire Suppression System	*0-40	$30	$
	**Over 40	$.75 x Total heads ____ =	$
		Grand Total	$

* If you have 0-40 units then the cost is the predetermined flat rate of $30.
** No flat rate applies if you have over 40 units. You must use the listed equation to determine your cost.

Type	# of Units	Cost	Total
Alarm Plan Review	1	$125.00	$ 125.00
Fire Alarm/ Life Safety Devises	*1-10	$75	$
	**11-20	$150	$
	***Over 20	$7 x Total devices ____ =	$
		Grand Total	$

* If you have between 1-10 units the cost is the listed predetermined flat rate.
** If you have 11-20 units the cost is the listed predetermined flat rate.
*** No flat rate applies if you have more than 20 units. You must use the listed equation to determine your cost.

Description of Job:_____

_____

_____

_____   _____
Signature of Contractor/Authorized Representative: Date

_____   _____
Initials of Fire Dept. Plan Reviewer: Date

For Office Use Only:

1. Project Number: _____
2. Date Plans Reviewed: _____
3. Date Plans Returned: _____
4. Plans Reviewed:　☐ Yes　　☐ Re-submittal Needed
5. Permit Issued:　☐ Yes　　☐ No　　　Date:_____